

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05946

Reg. Dist. No. 132

## 1. PLACE OF DEATH:

County Frederick  
 City or town Middletown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For first-born infants give residence of mother)  
 State Maryland County Frederick  
 City or town Middletown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. East Main St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war No

## 3. (a) FULL NAME

Mrs. Norma S. Ahalt

## 3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Albert M. Ahalt  
 6. (c) If alive, give age 71 years  
 7. Birth date of deceased (mo., day, yr.) May 30, 1876  
 8. AGE: Years 70 Months 0 Days 16 If less than one day  
 hrs. min.

9. Birthplace Middletown, Frederick County, Md  
 (Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

12. Name Essex Beachley

13. Birthplace Middletown, Md

14. Maiden name E Emma Lanner

15. Birthplace Middletown, Md

16. Informant Albert M. Ahalt

Address Middletown Md

17. Burial Date thereof June 18, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Southwestern Cemetery

Location Middletown, Md

18. Funeral director Leadhill Co

Address Middletown, Md

19. June 18, 1946 Registrar Marie Gladhill

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1946 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12, 1946 to June 16, 1946

and that I last saw him alive on June 15, 1946

Immediate cause of death Coronary Occlusion DURATION 20 mi

Due to Chronic myocarditis & atherosclerosis 2 yr

Due to Arterio

Other conditions Arterio

(Include pregnancy within 3 months of death)

Major findings of operations Arterio

Date of op.

Autopsy results Arterio

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Arterio Date of June 16, 1946

Where did injury occur? Arterio (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Arterio

Means of injury Arterio Injured at work?

23. SIGNATURE Glenn J. Price M. D. or other

Address Jefferson Date signed 6/17/46

RECEIVED

JUN 21 1943

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157

## CERTIFICATE OF DEATH

05947

Reg. Dist. No. 141

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 da.  
Hospital, institution, or street address where death occurred:  
Schmucker Hospital  
How long in hospital or institution? 1 da.

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Va County London  
City or town Southville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1  
(If rural, give LOCATION)  
2.(a) If veteran, name war ✓

### 3. (a) FULL NAME

Bonnie Sue Infant Atkey

### 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife -

7. Birth date of deceased (mo., day, yr.) June 3, 1946 B. (c) If alive, give age - years

8. AGE: Years 0 Months 0 Days 1 If less than one day - hrs. - min.

9. Birthplace Maryland  
(Town, county, and state)

10. Usual occupation -

11. Industry or business -

FATHER 12. Name Blair Marshall Atkey

13. Birthplace Leckesville, Va.

MOTHER 14. Maiden name Mrs. Thelma Green

15. Birthplace Leckesville, Va.

16. Informant Mrs. Thelma Atkey

Address Leckesville

17. Buried Date thereof June 4, 1946  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Union

Location Leckesville, Va.

18. Funeral director C. H. Fister & Son

Address Brunswick, Md.

19. June 4 19 46 Kathryn K. Brown  
(Date rec'd by registrar) (year) (month) (day) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1946 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 19 46 to June 4 19 46

and that I last saw him/her June 3 19 46 alive on June 3 19 46

Immediate cause of death Premature 6 months 1 day

### DURATION

Due to -

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE William H. Hargis, M.D. M. D. or other -

Address - Date signed -

MARGIN RESERVED FOR BINDING

VS A15 9-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 6 1946  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick

City or town Middletown, Md  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Middletown RFD  
(If outside city or town limits, write RURAL and give nearest town)

Street No. WORLD WAR II  
(If rural, give LOCATION)

2. (a) If veteran, name war WORLD WAR II

### 3. (a) FULL NAME

Homer John Baer

### 3. (b) Social Security Number

212-14-7605

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Jan. 14, 1918

8. AGE:

Years

Months

Days

If less than one day

28

5

9

hrs.

min.

9. Birthplace Middletown Frederick County, Md  
(Town, county, and state)

10. Usual occupation

Painter

11. Industry or business

Wm. C. Baer

FATHER

12. Name

Wm. C. Baer

13. Birthplace

Middletown, Md

MOTHER

14. Maiden name

Marie K. Lile

15. Birthplace

Frederick, Md RFD

16. Informant

Wm. C. Baer

Address

Middletown, Md.

17.

(Burial, cremation, or removal) Which

Date thereof

June 26, 1946  
(month) (day) (year)

Cemetery or crematory

Epithetan Cemetery

Location

Middletown, Md

18. Funeral director

Gladwin Co.

Address

Middletown, Md.

19.

Date rec'd by registrar

June 26, 1946

Elizabeth E. Heck  
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1946 at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 17, 1946 to June 24, 1946  
and that I last saw him live on June 24, 1946

Immediate cause of death

Drowning

DURATION

Immediate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 6-23-46

Where did injury occur? Frederick, Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Private Home

Means of Injury Drowning Injured at work? no

23. SIGNATURE

R. W. Baer Deputy Med Ex.

M. D. or other

Address Frederick, Md Date signed 6-24-46

MARGIN RESERVED FOR BINDING

VS A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 28 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137

## CERTIFICATE OF DEATH

05949

Reg. Dist. No. 134

<b>1. PLACE OF DEATH:</b> County <u>Frederick</u> City or town <u>Emmitsburg</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>10 years</u> Hospital, institution, or street address where death occurred: <u>St. Joseph's Central House</u> How long in hospital or institution? <u>10 years</u>			<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Emmitsburg</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>St. Joseph's Central House</u> (If rural, give LOCATION) 2(a) If veteran, name war.....		
<b>3. (a) FULL NAME</b> <u>Sister Caroline Becker</u>			<b>3. (b) Social Security Number</b>		
<b>4. Sex</b> <u>Female</u> <b>5. Color or race</b> <u>White</u> <b>6. (a) Single, married, widowed, or divorced</b> <u>Religious</u>			<b>MEDICAL CERTIFICATION</b>		
<b>6. (b) Name of husband or wife</b> ..... <b>6. (c) If alive, give age</b> ..... years			<b>20. DATE OF DEATH</b> <u>June 7</u> 19 <u>46</u> , at <u>15 P.</u> M.		
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>March 1, 1870</u>			<b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>Jan 2</u> 19 <u>46</u> , to <u>June 7</u> 19 <u>46</u> , and that I last saw her alive on <u>May 28, 1946</u> 19.....		
<b>8. AGE:</b> Years <u>76</u> Months <u>3</u> Days <u>7</u> If less than one day..... hrs. .... min.			Immediate cause of death..... <u>Cardiac failure</u> <b>DURATION</b> <u>2 hrs</u>		
<b>9. Birthplace</b> <u>Detroit, Michigan</u> (Town, county, and state)			Due to <u>Pulmonary Tuberculosis</u> <u>6 yrs</u>		
<b>10. Usual occupation</b> <u>Care of Children.</u>			Due to.....		
<b>11. Industry or business</b>			Other conditions.....		
<b>FATHER</b> <b>12. Name</b> <u>Caspar Becker</u>			(Include pregnancy within 8 months of death)		
<b>13. Birthplace</b> <u>Westphalia, Germany</u>			<b>Major findings of operations</b> ..... Date of op. ....		
<b>MOTHER</b> <b>14. Maiden name</b> <u>Louise Karrer</u>			<b>Autopsy results</b> .....		
<b>15. Birthplace</b> <u>Roeschenz, Berne, Switzer land.</u>			<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>		
<b>16. Informant</b> <u>Sister Assistant</u> <b>Address</b> <u>St. Joseph's Central House</u>			<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>		
<b>Burial</b> <u>June 10, '46</u> (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof..... (month) (day) (year)			Accident, suicide, or homicide..... Date of.....		
<b>Cemetery or crematory</b> <u>St. Joseph's Cemetery</u>			Where did injury occur?..... (City or town) (County) (State)		
<b>Location</b> <u>Emmitsburg, Maryland</u>			Injured at home, farm, industry, public place (where?).....		
<b>18. Funeral director</b> <u>S. L. Allison</u>			Means of injury..... Injured at work?		
<b>Address</b> <u>Emmitsburg Md</u>			<b>23. SIGNATURE</b> <u>Morris A. Bueh M.D.</u> M. D. or other		
<b>19. Date rec'd by registrar</b> <u>June 8 - 46</u> <u>M. F. Shuff</u> Registrar			Address <u>Thurmont Md</u> Date signed <u>6/8/46</u>		

RECEIVED  
JUN 11 1946  
BUREAU 75



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

## CERTIFICATE OF DEATH

05950

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 5/30/46  
 Hospital, institution, or street address where death occurred:  
 Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 5/30/46

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County.....  
 City or town..... Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1110 Wilcox St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... ✓

## 3. (a) FULL NAME

James H. Brewer

## 3. (b) Social Security Number

216-10-8638

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## B. (b) Name of deceased wife

Alice Brewer

## 7. Birth date of deceased (mo., day, yr.)

April 6, 1897

## 6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

49

2

23

..... hrs. .... min.

## 9. Birthplace

Leonardtown, Md.

(Town, county, and state)

## 10. Usual occupation

Painter

## 11. Industry or business

## FATHER

## 12. Name

William Brewer

## 13. Birthplace

Maryland

## MOTHER

## 14. Maiden name

Kate Pinkerton

## 15. Birthplace

Maryland

## 16. Informant

Deceased

## Address

## 17.

Unknown Burial  
 (Burial, cremation, or removal. Which?)

## Date thereof

Unknown 7/2/46  
 (month) (day) (year)

## Cemetery or crematory

New Unknown Cathedral Ave.

## Location

Unknown Baltimore, Md.

## 18. Funeral director

M. L. Creager &amp; Son

## Address

Thurmont, Md.

## 19.

6/29/46  
 (Date recd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946 at 1:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 May 30 1946 to June 29 1946  
 and that I last saw him alive on June 29 1946

## Immediate cause of death

Pulmonary Tuberculosis

## DURATION

1 Year

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

## Means of Injury

## Injured at work?

## 23. SIGNATURE

J. A. - [Signature]

M. D. [Signature]

Address..... State Sanatorium, Md. Date signed 6/29/46

RECEIVED  
JUL 2 1946  
BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 135

05951

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 4/23/46  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 4/23/46

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Harford  
 City or town Darlington  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war. \_\_\_\_\_

## 3. (a) FULL NAME

John E. Brinkman

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Separated

6. (b) Name of deceased or wife Mary C. Brinkman

Havre de Grace, Md. 6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 10, 1879

## 8. AGE:

Years

Months

Days

If less than one day

67

0

1

hrs. min.

## 9. Birthplace

Harford County, Md.

(Town, county, and state)

## 10. Usual occupation

Painter

## 11. Industry or business

FATHER  
MOTHER12. Name John J. Brinkman13. Birthplace Harford County, Md.14. Maiden name Josephine Kyle15. Birthplace Harford County, Md.

## 16. Informant

Deceased

## Address

17. Unknown Burial Date thereof Unknown 4/4/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Unknown Angel Hill

Location Unknown Havre de Grace, Md.

## 18. Funeral director

M. L. Creager & Son

## Address

Thurmont, Maryland

## 19.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 19 46, at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
April 23 19 46, to June 11 19 46  
 and that I last saw him alive on June 11 19 46

## Immediate cause of death

Pulmonary Tuberculosis

## DURATION

6 Mos.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. \_\_\_\_\_

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

## 23. SIGNATURE

J. B. LynnM. D. XXXX

Address State Sanatorium, Md. Date signed 6/12/46

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JUN 14 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

## CERTIFICATE OF DEATH

05952

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Fredrick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

305 East Palomae

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 305 East Palomae  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Mary Florence Brown

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 B. (b) Name of husband or wife Fredrick H. Brown  
 6. (c) If alive, give age 75 years  
 7. Birth date of deceased (mo., day, yr.) June 24 1874  
 8. AGE: Years 72 Months 0 Days 6 If less than one day  
 hrs. min.

9. Birthplace West Virginia  
 (Town, county and state)  
 10. Usual occupation Housewife  
 11. Industry or business None  
 12. Name John D. Burch  
 13. Birthplace West Va  
 14. Maiden name Clara Stunkle  
 15. Birthplace md.

16. Informant Mrs Russell Little  
 Address Brunswick Md

17. Burial Date thereof 7-3-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Park Heights  
 Location Brunswick Md  
C.N. Fitch & Son

16. Funeral director C.N. Fitch & Son  
 Address Brunswick Md

19. July 3 19 46 Katherine V. Brown  
 (Date rec'd by registrar) (month) (day) (year) Deputy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 19 46 at 2:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Nov 30 19 42 to June 30 19 46  
 and that I last saw him alive on June 30 19 46

Immediate cause of death

Coronary Heart Disease  
Diabetes Mellitus

DURATION

3 yrs  
chronic

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Brunswick Md Date signed 7/2/46

1946  
1874  

---

72

RECEIVED  
JUL 5 1946  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-2

05953

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

## 1. PLACE OF DEATH:

County FrederickCity or town Middletown (If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Bettie Lou Castle

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) Dec. 20, 1945

## 8. AGE:

Years

Months

Days

If less than one day

0526

hrs.

min.

## 9. Birthplace

Middletown, Frederick County, Md.  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

Albert G. Castle

## 13. Birthplace

Middletown, Md.

## 14. Maiden name

Louise M. Castle

## 15. Birthplace

Pennsylvania

## 16. Informant

Albert G. Castle

## Address

Middletown, Md.

## 17.

(Burial, cremation, or removal. Which?)

Date thereof

June 18, 1946  
(month) (day) (year)

## Cemetery or crematory

Roanoke Cemetery

## Location

Middletown, Md.

## 18. Funeral director

Leadhill Co.

## Address

Middletown, Md.

## 19.

June 18, 1946  
(Date rec'd by registry)1946Marie Gladhill

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Middletown (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_ (If rural, give LOCATION)

2. (a) If veteran, name war No

## 3. (b) Social Security Number

NONE

## MEDICAL CERTIFICATION

20. DATE OF DEATH 16 June 1946 at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19. to 19.and that I last saw him never 19.

Immediate cause of death

Suppuration

## DURATION

Due to

Aspiration of milk into lungs16 June '46

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op. \_\_\_\_\_

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 16 June '46Where did injury occur? Middletown, F.D. Frederick County, Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Home

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Conley, Jr.

M. D. or other

Address

Frederick, Md.Date signed 16 June 1946



RECEIVED

JUN 21 1945

BUREAU V.A.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05954

131

Reg. Dist. No.

### 1. PLACE OF DEATH:

County Frederick  
Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 Years  
 Hospital, institution, or street address where death occurred:  
327 Jefferson Street  
 How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 327 Jefferson Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

### 3. (a) FULL NAME

HATTIE CHRISTIANA CORDELL

### 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife J. William Cordell  
 6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) September 4, 1871

8. AGE: Years 74 Months 9 Days 0 If less than one day hrs. min.

9. Birthplace Nr. Lucketts-Loudoun-Virginia  
 (Town, county, and state)

10. Usual occupation At Home

### 11. Industry or business

12. Name B. Benjamin Trittapoe  
 13. Birthplace Loudoun County Virginia

14. Maiden name Sarah E. Shry  
 15. Birthplace Loudoun County Virginia

16. Informant J. William Cordell  
 Address R.F.D.#4, Frederick, Maryland

17. Burial Burial Date thereof 6/7/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Reformed Cemetery  
 Location Jefferson, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 6-June 19 46 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 19 46 at 7:30P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14th 19 46 to June 4th 19 46  
 and that I last saw her alive on June 4th 19 46

Immediate cause of death Chronic myocarditis DURATION 11 wks.

Due to Cardiovascular renal disease  
 several years.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Conley M. D.  
Frederick, Maryland Date signed 6-6-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 7 1946

BUREAU V.B.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-20 +

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
139 West Third St.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 139 West Third St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3.(a) FULL NAME

FANNIE MERCIER CRAMER

## 3.(b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife D. K. Cramer

7. Birth date of deceased (mo., day, yr.) February 25, 1860 6.(c) If alive, give age 86 years

8. AGE: Years 86 Months 3 Days 22 If less than one day hrs. min.

9. Birthplace New Market, Frederick County, Md.  
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Robert S. Mercier13. Birthplace Frederick County, Maryland14. Maiden name Matilda Nelson15. Birthplace Frederick County, Maryland16. Informant Mrs. C. Herbert KrahAddress Frederick, Maryland

17. Burial Date thereof June 18, 1946  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Central CemeteryLocation Nr. New London, Md.18. Funeral director C. E. Cline & SonAddress Frederick, Maryland

19. 17 June 19 46 Elizabeth L. Hoch  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 19 46 at 7:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
June 10th 19 46 to June 16th 19 46

and that I last saw her alive on June 15th 19 46

Immediate cause of death Cancer, primary lesion in-  
testinal. DURATION Unknown

Due to General Metastasis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE C. H. Conley

C. H. Conley M.D.  
 Address Frederick, Maryland Date signed 6/17/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED

JUN 19 1946

BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

## CERTIFICATE OF DEATH

Reg. Dist. No. 05950131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Myersville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Reuha Florence Crone

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Edward M. Crone

7. Birth date of deceased (mo., day, yr.)

Nov. 26, 1857

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than 000 day

8875

hrs. \_\_\_\_\_ min.

9. Birthplace

Frederick County, Maryland  
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

Jonas Beachley

13. Birthplace

Frederick County, Maryland

MOTHER

14. Maiden name

Helen Ann Rose

15. Birthplace

Frederick County, Maryland

16. Informant

Virginia Laid

Address

Emergency Hosp. Frederick Md.

17. Burial

(Burial, cremation, or removal, whichever)

Date thereof

8-28-46  
(month) (day) (year)

Cemetery or crematory

Reform Cemetery

Location

Middletown, Md.

18. Funeral director

Gladden Co.

Address

Middletown, Md.

19. Date

(Date rec'd by registrar)

28 June1946

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 19 46, at 2<sup>10</sup> P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 6, 19 46 to June 26, 19 46  
and that I last saw him alive on June 26, 19 46

Immediate cause of death

Arterio-sclerotic Cardio-vascular disease

DURATION

10 years

Due to

Due to

Other conditions

(Include pregnancy within 9 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE

Bernard Hanna-Jr.

M. D. or other

Address

Frederick, Md.Date signed July 28, 1946

*H. Thomas Jr.*

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C.

RECEIVED  
JUL 7 1946  
BUREAU V.A.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 05957144

## 1. PLACE OF DEATH:

County Frederick  
 City or town Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Summit Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war No

## 3. (a) FULL NAME

Ida May Dal

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

J. W. Dal

## T. Birth date of deceased (mo., day, yr.)

August 17, 1859

## 6. (c) If alive, give age

## 8. AGE:

Years

Months

Days

If less than one day

86

9

20

hrs.

min.

## 9. Birthplace

Beaver Dam, Carroll Co., Md.

(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

FATHER

## 12. Name

George P. Pfoutz

## 13. Birthplace

Beaver Dam, Carroll Co., Md

MOTHER

## 14. Maiden name

Catherine Saylor

## 15. Birthplace

Beaver Dam, Carroll Co., Md

## 16. Informant

Mr. D. Saylor Weybright

## Address

Thurmont, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 9, 1946

(month) (day) (year)

## Cemetery or crematory

Green Hill Cemetery

## Location

Waynesboro, Penna.

## 18. Funeral director

M. L. Creager &amp; Son

## Address

Thurmont, Md.

## 19. Date rec'd by registrar

June 8, 1946

1946

J. S. Cryan, Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15, 1946 to June 7, 1946 and that I last saw him alive on June 7, 1946

Immediate cause of death

Cardiac Thrombosis

## DURATION

2 days

Due to

Cancer Bladder

4 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Morris A. Biech, M.D.

M. D. or other

Address

Thurmont, Md.

Date signed 6/18/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JUN 12 1945

BUREAU OF



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

## CERTIFICATE OF DEATH

05958  
Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick Carol  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Libertytown  
 Hospital, institution, or street address where death occurred: Emergency Hospital  
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Lebanonville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Harry Leslie Davis

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Florida Moleruth

7. Birth date of deceased (mo., day, yr.)

December 27, 1872

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years 74Months 5Days 24

If less than one day

hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace

Lebanonville, Frederick Co., Maryland  
(City, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19. H. 46

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 1046at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 6, 1946 to June 10, 1946and that I last saw him alive on June 10, 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas Jr. M.D.

M. D. or other

Address

Frederick, Md.Date signed June 11, 1946

RECEIVED  
JUN 12 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 290

## CERTIFICATE OF DEATH

15959

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (if outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 24 years  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Rural Pearl  
 (if outside city or town limits, write RURAL and give nearest town)  
 Street No. 1 Miles East of Frederick  
 (if rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

ROY UPTON DELAUTER

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced  
 6.(b) Name of Clara Winfield or wife  
 6.(c) If alive, give age 65 years  
 7. Birth date of deceased (mo., day, yr.) August 27, 1879  
 8. AGE: Years 66 Months 7 Days 17 If less than one day  
 ..... hrs. .... min.

9. Birthplace Myersville, Frederick County, Md.  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name David Delauter  
 13. Birthplace Nr. Myersville, Maryland  
 MOTHER 14. Maiden name Louise Hoover  
 15. Birthplace Nr. Myersville, Maryland

16. Informant Clara Winfield Delauter  
 Address Pearl, Maryland

17. Burial June 16, 1946  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Grossnickles Cemetery  
 Location Myersville, Maryland

18. Funeral director C. E. Cline & Son  
 Address Frederick, Maryland

19. 15 June 1946  
 (Date read by registrar) Registrar Elizabeth G. Heck

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1946 at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5, 1946 to June 13, 1946  
 and that I last saw him alive on June 13, 1946

Immediate cause of death Lakey Mountain Spotted Fever  
 DURATION 18 days

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Danald J. Ross M.D.

Address New Market, Md. Date signed June 15, 1946

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JUN 19 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 806

## CERTIFICATE OF DEATH

65960/31

Reg. Dist. No. ~~60~~ 61

## 1. PLACE OF DEATH:

County Fredrick  
 City or town Fredrick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 week  
 Hospital, institution, or street address where death occurred:  
Fredrick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick  
 City Fredrick Rural  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 13 h. 2  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

James Arthur Klossy  
 4. Sex male 5. Color or race coloured 6.(a) Single, married, widowed, or divorced single

B.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

2619

hrs.

mi.

9. Birthplace

Fredrick County, Md  
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal: Why?)

Date thereat

(month) (day) (year)

Cemetery or repository

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

1946

Elizabeth Klossy  
Registrar

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946 at 12 40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1946 to June 17 1946  
 and that I last saw him alive on June 16 1946

Immediate cause of death

Acute Encephalitis

DURATION

7 Days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed

6/17/46

U.S. DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

*Remained in*

ARTESIAN LEADER

CHARTER

RECEIVED  
JUN 24 1946  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (152)

## CERTIFICATE OF DEATH

05961

★ Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick

City or town Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brownsville (If outside city or town limits, write RURAL and give nearest town)

Street No. 523 Brunswick Street (If rural, give LOCATION)

2. (a) If veteran, name war

### 3. (a) FULL NAME

Raymond Dean

### 3. (b) Social Security Number

705-05-6020

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

Mabel Riley

7. Birth date of deceased (mo., day, yr.)

January 27, 1899

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

47

11

13

hrs.

min.

9. Birthplace

Frederick County, Maryland (Town, county, and state)

10. Usual occupation

Truckman

11. Industry or business

B. O. P. R.

FATHER

12. Name

John William Dean

MOTHER

13. Birthplace

Frederick County, Maryland

14. Maiden name

Mary Ann Carter

15. Birthplace

Frederick County, Maryland

16. Informant

Elizabeth Liddie

Address

Emerald Bay, Frederick, Md.

17. (Burial, cremation, or removal, which?)

Burial Date thereof June 11, 1946 (month) (day) (year)

Cemetery or crematorium

Park Heights Cem.

Location

Brownsville, Md.

16. Funeral director

Joseph S. Kasper

Address

Brownsville, Md.

19. (Date rec'd by registrar)

June 9, 1946

Elizabeth Heck

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1946 at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8, 1946 to June 9, 1946

and that I last saw him alive on June 9, 1946

Immediate cause of death

Acute Alcoholism

DURATION

5 days

Due to

Due to

Other conditions

Cellulitis, face

3 days

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas M. D.

Address Frederick, Md. Date signed June 9, 1946

MARGIN RESERVED FOR BINDING

VS/A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL HEALTH OFFICER'S SIGNATURE

MEDICAL CERTIFICATION

RECEIVED

JUN 11 1946

BUREAU - 8

106-7132



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1170

## CERTIFICATE OF DEATH

059623

Reg. Dist. No. 1170

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Four Days

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? Four Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Union Bridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Ralph Duvall

## 3. (b) Social Security Number

213-05-1320

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married6. (b) Name of husband or wife Mrs. Margaret Duvall

8. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 7 19038. AGE: Years Months Days If less than one day  
43 1 16 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Carroll County Maryland  
(Town, county, and state)10. Usual occupation Truck Driver11. Industry or business Comm Hauling12. Name Preston J Duvall13. Birthplace Maryland14. Maiden name Annie S Dotterer15. Birthplace Maryland16. Informant Mrs. Margaret Duvall  
Address Union Bridge Maryland17. Burial Date thereof June 26 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Winters CemeteryLocation near New Windsor Maryland18. Funeral director D.D. Hartzler & SonsAddress Union Bridge & New Windsor Md19. June 25 1946 Elyse G. Hech  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946 at 7:37 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 20 1946 to June 23 1946and that I last saw him alive on June 22 1946

Immediate cause of death

DURATION

PeritonitisDue to Gastric ulcerDue to perforation

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. H. Legg

M. D. or other

Address Union Bridge Date signed 6-23-46

RECEIVED  
JUL 2 1945  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05963

Reg. Dist. No. 138

## 1. PLACE OF DEATH:

County Frederick  
 City or town Mount Airy-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 years  
 Hospital, institution, or street address where death occurred:  
Near New Market  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Mount Airy-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near New Market  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

CHARLES EDWARD ELLIS

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Anna Hape  
 6. (c) If alive, give age 64 years  
 7. Birth date of deceased (mo., day, yr.) August 1, 1872

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>9</u>	hrs. min.

9. Birthplace Feagaville-Frederick-Maryland  
 (Town, county, and state)  
 10. Usual occupation Laborer  
 11. Industry or business .....

FATHER	12. Name <u>James E. Ellis</u>
	13. Birthplace <u>Frederick County Maryland</u>
MOTHER	14. Maiden name <u>Sarah Ann Wagner</u>
	15. Birthplace <u>Frederick County Maryland</u>

16. Informant Mrs. George T. Yeager  
 Address Mt. Airy, Maryland R. F. D. #1

17. Burial Date thereof 6/12/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Lutheran Cemetery  
 Location Feagaville, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 11-June 19 46 Lucian K. Talon  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 19 46 at 3:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 19 46 to June 10 19 46  
 and that I last saw him alive on June 9 19 46

Immediate cause of death Cerebral hemorrhage DURATION 9 days

Due to Arterio Sclerosis 10 yrs

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide .....

Where did injury occur? .....

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE Ernest P. Roop, M.D.

Address New Market, Md M. D. of other 6-10-46  
 Date signed .....

RECEIVED

JUL 1 1946

BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

05964

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

218 East Patrick Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 76 East South Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

CHARLES MERLE ENGLEBOWER

## 3. (b) Social Security Number

214-10-1749

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Laura Catherine Hossler6. (c) If alive, give age 31 years7. Birth date of deceased (mo., day, yr.) July 7, 1903

## 8. AGE:

Years

Months

Days

if less than one day

421027

hrs.

min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Sander11. Industry or business Ox Fibre Brush Company12. Name Albert F. Unglebower13. Birthplace Frederick County Maryland14. Maiden name Maggie Ricketts15. Birthplace Frederick County Maryland16. Informant Mrs. Laura H. EnglebowerAddress 76 E. South St., Frederick, Md.17. Burial Date thereof 6/7/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. June 1946 Eligible G. Hach.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th, 1946, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him DEAD June 4th, 1946

Immediate cause of death

Coronary occlusion

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul J. ... Deputy Medical Examiner

M. D. or other

Address Frederick, Maryland Date signed 6-5-46

RECEIVED

JUN 7 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

## 1. PLACE OF DEATH:

County Frederick  
 City or town Mount Airy Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 Months  
 Hospital, institution, or street address where death occurred:  
Near New Market  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Mount Airy Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near New Market  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

MARIE ETZLER

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced D  
 6. (b) Name of husband or wife J. Morgan  
 6. (c) If alive, give age 36 years  
 7. Birth date of deceased (mo., day, yr.) October 8, 1910  
 8. AGE: Years 35 Months 7 Days 29 If less than one day  
 hrs. min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)  
 10. Usual occupation At Home  
 11. Industry or business

FATHER 12. Name Lester Etzler  
 13. Birthplace Frederick County Maryland  
 MOTHER 14. Maiden name Nellie Stull  
 15. Birthplace Frederick County Maryland

18. Informant Lester Etzler  
 Address Mount Airy, Md. - Rural  
 11. Burial Date thereof 6/9/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Union Chapel Cemetery  
 Location Near Libertytown, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 8-June 19 46 Lillian R. Falconer  
 (Date reg'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 7th 19 46 at 6:10 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
 19... to 19...  
 and that I last saw him or DEAD June 7th 19 46

Immediate cause of death Gun shot wound of neck  
 DURATION Immediate

Due to...  
 Due to...  
 Other conditions...  
 (Include pregnancy within 8 months of death)

Major findings of operations...  
 Date of op. ...

Autopsy results...  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Suicide Date of 6-7-46  
 Where did injury occur? Near New London, Frederick, Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home  
 Means of injury 12 ga. Shotgun Injured at work? no

23. SIGNATURE W. R. S. Examiner Deputy Medical Examiner  
 Address Frederick, Maryland Date signed 6-8-46

RECEIVED  
JUL 1 1946  
BUREAU V.B.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

05966

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

### 1. PLACE OF DEATH:

County Frederick  
City or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Schnapper Hospital

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Fred.

City or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 735 Park Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3.(a) FULL NAME

Carol Jean Infant Flora

### 3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

June 5 1946

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal) Which

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

1946

Kathryn H. Brown

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1946 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 5 1946 to June 6 1946

and that I last saw him alive on June 5 1946

Immediate cause of death

Premature

DURATION

4 1/2 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M.D. or other

Date signed

MARGIN RESERVED FOR BINDING

VS. A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 10 1948  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B/2)

## CERTIFICATE OF DEATH

05967

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 21 Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 243 East Church Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

ELSIE ELLEN FORD

## 3. (b) Social Security Number

None

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife G. Dewey Ford6. (c) If alive, give age 43 years7. Birth date of deceased (mo., day, yr.) February 9, 1904

## 8. AGE:

Years

Months

Days

If less than one day

42325

hrs.

min.

9. Birthplace Nr. Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation At Home

## 11. Industry or business

FATHER

12. Name Orva McBride13. Birthplace Frederick County Maryland

MOTHER

14. Maiden name Effie Knill15. Birthplace Frederick County Maryland18. Informant G. Dewey FordAddress 243 E. Church St., Frederick, Md17. Burial

(Burial, cremation, or removal; which?)

Date thereof 6/7/46

(month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 4 June 1946

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th, 1946 at 10:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 40 to June 4 19 46and that I last saw her alive on June 4 19 46

Immediate cause of death

Chemia

DURATION

Due to Cardio-Renal Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Howard W. Ark

M. D.

M. D. or other

Frederick, Maryland

6-4-46

Address Date signed

RECEIVED

JUN 5 1946

BUREAU V B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19.

## CERTIFICATE OF DEATH

★ 05968  
Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since May 27, 1946  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since May 27, 1946

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Montgomery  
 City or town Rockville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 208 Harrison St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war ☒

## 3. (a) FULL NAME

GRETCHEN ANN GATES

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife William T. Gates  
 6. (c) If alive, give age 27 years  
 7. Birth date of deceased (mo., day, yr.) July 19, 1922  
 8. AGE: Years 23 Months 11 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Takoma, Wash.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_

12. Name John B. Shaw  
 13. Birthplace Illinois  
 14. Maiden name Meta Mendorff  
 15. Birthplace Minnesota

16. Informant Deceased  
 Address \_\_\_\_\_

17. Burial Date 6/24/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Bethesda Cem.  
 Location Bethesda, Md.

18. Funeral director Wm. Reuben Pumphrey  
 Address Bethesda, Md.

19. 6/24 19 46  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 19 46 at 1:40 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
May 27 19 46 to June 21 19 46  
 and that I last saw her alive on June 21 19 46

Immediate cause of death \_\_\_\_\_ DURATION  
PULMONARY TUBERCULOSIS 6 mo.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. B. Lynn M. D. # 444  
 Address State Sanatorium, Md. Date signed 6/21/46

RECEIVED  
JUN 24 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 059631

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war. \_\_\_\_\_

## 3.(a) FULL NAME

Edward Glass  
Baby Boy GLASS

## 3.(b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife \_\_\_\_\_

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) June 4 - 19468. AGE: Years 0 Months 0 Days 0 It less than one day 0 hrs. 7 min.9. Birthplace Frederick Md.  
(Town, county, and state)10. Usual occupation ✓

## 11. Industry or business

12. Name Ray Glass13. Birthplace Virginia14. Maiden name Alice Melick15. Birthplace Penn16. Informant Ray GlassAddress Thurmont Md.17. Burial Date thereof 6-7-46  
(Burial, cremation, or removal, which? (month) (day) (year))Cemetery or crematory Keyville CemeteryLocation Keyville Md.18. Funeral director CotnamAddress Thurmont Md.19. 7-June 19 46 Elizabeth G. Heck.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 - 1946 at 9:57 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 4 - 1946 to June 4 - 1946and that I last saw him alive on June 4 - 1946

Immediate cause of death \_\_\_\_\_

Premature birth - 4 monthsDURATION 7 min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Byron D. White, M.D.  
M. D. or otherAddress Carroll Md. Date signed 6/6/46



RECEIVED

JUN 11 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 460 X

## CERTIFICATE OF DEATH

Reg. Dist. No. 05970131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
621 Park Place

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick-Rural R. F. D. #5  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Rocky Springs  
 (If rural, give LOCATION)

2.(a) If veteran, name war None

## 3.(a) FULL NAME

CLARA EMMA GONSO

## 3.(b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

6.(c) If alive, give age.....years  
 7. Birth date of deceased (mo., day, yr.) October 26, 1889

8. AGE: Years 56 Months 8 Days 2 If less than one day  
 .....hrs. ....min.

9. Birthplace Rocky Springs-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation At Home

## 11. Industry or business

12. Name John F. Gonso13. Birthplace Frederick County Maryland14. Maiden name Charlotte Elizabeth Falk15. Birthplace Frederick County Maryland16. Informant John F. GonsoAddress R.F.D.#5, Frederick, Maryland

17. Burial 6/30/46  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 29 June 1946 Elizabeth H. Hask

(Date filed by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 28th 1946 at 5:45P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 16 1946 to June 28 1946  
 and that I last saw him alive on June 28 1946

Immediate cause of death Carcinoma of stomach DURATION 6 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D.

Address Frederick, Maryland Date signed 6-29-46

CERTIFICATE OF DEATH

RECEIVED  
JUL 9 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

05971

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Fredrick  
 City or town Fredrick Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Florence Smith7. Birth date of deceased (mo., day, yr.) August 4, 1868

8. AGE: Years 77 Months 10 Days 2 It less than one day  
 hrs. min.

9. Birthplace Johnsville Fredk. Co. Maryland  
(Town, county, and state)10. Usual occupation Labrer

11. Industry or business

12. Name Harry Samuel Green13. Birthplace Germany14. Maiden name Jerry Eunice Kelly15. Birthplace Woodbury Talbot Co. Md.16. Informant Dr. Eugene H. LaddAddress Emergency Hosp. Fredrick Md.17. Bapt. Burial Date thereof June 8, 1946  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or place of interment Mt HopeLocation Waldersville18. Funeral director E. B. BartonAddress Waldersville19. 8 June 19 46 Elizabeth L. Heck  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Fredrick - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Montrose Co. Home

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1946 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 3, 1946 to June 6, 1946and that I last saw him alive on June 6, 1946Immediate cause of death Cerebral Hemorrhage

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Newman M. D. or otherAddress Fredrick, Md. Date signed June 8, 1946

RECEIVED

JUN 11 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

05972/31  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital  
How long in hospital or institution? 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4 miles N. of Frederick  
(If rural, give LOCATION)

2.(a) If veteran, name war none

## 3. (a) FULL NAME

Baby Girl Hausler

## 3. (b) Social Security Number

none

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-22-1946

8. AGE: Years Months Days If less than one day  
1 12 hrs. min.

9. Birthplace Frederick Co., Md.  
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Paul Hausler13. Birthplace Frederick Co., Md.14. Maiden name Pauline Fisher Hausler15. Birthplace Frederick Co., Md.16. Informant Paul HauslerAddress near Frederick - Md.17. Burial Date thereof 6-25-1946

(Burial, cremation, or removal - Which?) (month) (day) (year)

Cemetery or crematory St. Johns CemeteryLocation Frederick - Md.Funeral director C. E. Clive & SonAddress Frederick - Md.19. 24 June 19 46 Elizabeth B. Hack

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 19 46 at 7:20 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 19 46 to June 23 19 46and that I last saw him/her alive on June 23 19 46Immediate cause of death PrematurityDURATION 37 1/2 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Harp MD M. D. or otherAddress Frederick - Md. Date signed 6-24-46

RECEIVED  
JUN 26 1946  
BUREAU U.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05973

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 YearsHospital, institution, or street address where death occurred:  
Frederick City HospitalHow long in hospital or institution? 1 Day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1023 North Market Street  
(If rural, give LOCATION)2. (a) If veteran, name war None

## 3. (a) FULL NAME

Henning, Mrs Addie

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or Edmund A. Henning8. (c) If alive, give age 85 years7. Birth date of deceased (mo., day, yr.) August 23, 1870

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>9</u>	<u>22</u>	.....hrs. ....min.

9. Birthplace New York  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Anton Vogt13. Birthplace Germany14. Maiden name Josephine Brosner15. Birthplace Germany16. Informant Mrs. Stephen S. LangleyAddress 1023 N. Market St., Frederick, Md.17. Cremation Date thereof 6/18/46  
(If cremation, state date and place)Crematory or crematory Fort Lincoln CrematoryLocation Washington, D. C.18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 17 June 19 46 Elizabeth G. Hark.

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH June 15 19 46 at 5:45 p. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 19 46, to June 15 19 46.and that I last saw him alive on June 15 19 46.Immediate cause of death Angina PectorisDURATION 6 mo.Due to Arteriosclerotic HeartOther conditions Coronary Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operation NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Austin Pearson M.D.Address Frederick, Md. Date signed 6/15/46

RECEIVED  
JUN 19 1946  
BUREAU V 8.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13th

## CERTIFICATE OF DEATH

05974

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**  
County.....  
City or town..... **State Sanatorium, Maryland**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **Since 4/23/46**  
Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
How long in hospital or institution? **Since 4/23/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State..... **Maryland** County..... **Baltimore**  
City or town..... **Halethorpe**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... **5562 Link Ave.**  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
**Murray Houck**

3. (b) Social Security Number  
**214-03-7769**

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**  
6.(b) Name of ~~husband~~ wife **Catherine Houck**  
6.(c) If alive, give age **41** years  
7. Birth date of deceased (mo., day, yr.) **April 12, 1901**  
8. AGE: Years **45** Months **1** Days **23** If less than one day ..... hrs. .... min.

9. Birthplace **Baltimore, Maryland**  
(Town, county, and state)  
10. Usual occupation **Painter**  
11. Industry or business  
12. Name **William Houck**  
13. Birthplace **Baltimore, Maryland**  
14. Maiden name **Mollie Hale**  
15. Birthplace **Baltimore, Maryland**  
16. Informant **Deceased**

17. **Burial** Date thereof **6/8/46**  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery ~~Green~~ **Friendship Foudin Park**  
Location **Anne Arundel Co., Maryland**  
18. Funeral director **M. L. Creager & Son**  
Address **Thurmont, Maryland**  
19. **6/5/46** 19.....  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **June 4** 19 **46** at **11:55** M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**April 23** 19 **46** to **June 4** 19 **46**  
and that I last saw him alive on **June 4** 19 **46**

Immediate cause of death  
**Pulmonary Tuberculosis**

DURATION  
**6 Mos.**

~~Due to~~  
**Laryngeal Tuberculosis**

**3 Mos.**

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....  
Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE **J. D. Lynn** M. D. ~~XXXX~~  
Address **State Sanatorium, Md.** Date signed **6/5/46**

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 8 1946  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *B-L*

## CERTIFICATE OF DEATH

05975

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? Since May 29, 1946

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Buckeystown  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_  
None

### 3. (a) FULL NAME

GERTRUDE JACKSON

### 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife T. E. Jackson

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) September 25, 1875

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>11</u>	hrs. min.

9. Birthplace Cabin John-Montgomery-Maryland  
(Town, county, and state)

10. Usual occupation At Home

### 11. Industry or business

12. Name Levy Houser  
13. Birthplace Montgomery County Maryland

14. Maiden name Mary Elizabeth Davis  
15. Birthplace Montgomery County Maryland

16. Informant T. E. Jackson  
Address Buckeystown, Maryland

17. Burial 6/8/46  
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
Cemetery or crematory Methodist Cemetery

Location Potomac, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 6 June 19 46 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 6th, 19 46, at 3:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 46, to June 6 19 46  
and that I last saw him alive on June 6 19 46

Immediate cause of death Coronary Occlusion

### DURATION

Due to Chronic Myocarditis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_  
Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Howard W. Chisholm M.D.  
M. D. or other  
Address Frederick, Maryland Date signed 6-6-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 7 1946

BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05976

Reg. Dist. No.

136

## 1. PLACE OF DEATH:

County Frederick  
 City or town Urbana  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 26 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Urbana  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war World War I

## 3.(a) FULL NAME

DR. HARRY JOSHUA KEFAUVER

## 3.(b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Mrs. Miriam Howard Evans  
 6.(c) If alive, give age 65 years  
 7. Birth date of deceased (mo., day, yr.) November 3 1878  
 8. AGE: Years 67 Months 7 Days 9 If less than one day  
 hrs. min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946 at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1946 to June 17 1946  
 and that I last saw him alive on June 17 1946

Immediate cause of death Coronary occlusion DURATION 6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. A. Kling Jr. M. D. or otherAddress Frederick Md. Date signed June 19469. Birthplace Frederick County, Maryland  
(Town, county, and state)10. Usual occupation Chief of Occupational & Physic Therapy

11. Industry or business

12. Name Mahlan C. Kefauver13. Birthplace Frederick County, Maryland14. Maiden name Mary Romell15. Birthplace Harford County, Maryland16. Informant Mrs. H. J. KefauverAddress Urbana, Maryland17. Burial Date thereof June 20, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. June 20 1946 - G. O. Lindredson

(Date rec'd by registrar)

Registrar



MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JUN 22 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05977

139

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 4/8/46  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 4/8/46

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County .....  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 610 S. Macon St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Winford Peter Kofskey

## 3. (b) Social Security Number

214-22-2445

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower  
 B.(b) Name of husband or wife ..... B.(c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) July 5, 1879  
 8. AGE: Years 66 Months 10 Days 27 If less than one day ..... hrs. .... min.

9. Birthplace Poland  
 (Town, county, and state)  
 10. Usual occupation Farmer  
 11. Industry or business .....  
 12. Name Joseph Kofskey  
 13. Birthplace Poland  
 14. Maiden name Catherine ?  
 15. Birthplace Poland

16. Informant Deceased  
 Address .....  
 17. Unknown Burial 6/5/46 Unknown  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
 Cemetery or crematory St. Unknown Stanislaus Ceme.  
 Location Unknown Baltimore, Md.  
 18. Funeral director M. L. Creager & Son  
 Address Thurmont, Maryland  
6/2/46  
 19. (Date rec'd by registrar) 19..... Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH June 1 19 46 at 11 P. M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 19 46 to June 1 19 46  
 and that I last saw him alive on June 1 19 46

Immediate cause of death  
Pulmonary Tuberculosis

## DURATION

3 Yrs.

Due to Laryngeal Tuberculosis  
 Due to .....  
 Other conditions .....  
 (Include pregnancy within 8 months of death)

Major findings of operations ..... Date of op. ....  
 Autopsy results .....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? ..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury ..... Injured at work? .....  
 23. SIGNATURE J. D. Ryan M. D. XXXX  
 Address State Sanatorium, Md. Date signed 6/3/46

RECEIVED

JUN 4 1946

BUREAU V 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05978

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 Years  
 Hospital, institution, or street address where death occurred:  
12 Wisner Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 12 Wisner Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

FLORA ANN MANSFIELD

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W  
 6. (b) Name of husband or wife Newton Mansfield  
 6. (c) If alive, give age 10 years  
 7. Birth date of deceased (mo., day, yr.) May 10, 1894  
 8. AGE: Years 52 Months 0 Days 28 If less than one day  
hrs. min.

9. Birthplace Dartsville, West Virginia  
 (Town, county, and state)  
 10. Usual occupation At Home  
 11. Industry or business

FATHER 12. Name James Lutrell  
 13. Birthplace West Virginia  
 MOTHER 14. Maiden name Unknown  
 15. Birthplace Unknown

16. Informant Frank B. Mansfield  
 Address 12 Wisner St., Frederick, Md.

17. Burial 6/11/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 10 June 19 46 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1946 at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6, 1946 to June 8, 1946  
 and that I last saw her alive on June 18, 1946

Immediate cause of death Carcinoma of Uterus

## DURATION

year +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of Injury Injured at work?

23. SIGNATURE B. Thomas M. D.  
 M. D. or other

Address Frederick, Maryland Date signed 6-10-46

RECEIVED

JUN 12 1946

BUREAU V.R.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore <sup>159</sup>

## CERTIFICATE OF DEATH

★ 105979 141  
Reg. Dist. No.

### 1. PLACE OF DEATH:

County..... Frederick  
City or town..... Brunswick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 1 day  
Hospital, institution, or street address where death occurred.....  
Schnauffer Hospital  
How long in hospital or institution?..... 1 day

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... West Va. County..... Jefferson  
City or town..... Harpers Ferry  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war..... None

### 3. (a) FULL NAME

Shila Belle Manuel

### 3. (b) Social Security Number

None

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... June 24, 1946

8. AGE: Years..... 0 Months..... 0 Days..... 0 If less than one day..... 7 hrs. 30 min.

9. Birthplace..... Brunswick Frederick, Md.  
(Town, county, and state)

10. Usual occupation..... None

11. Industry or business..... None

12. Name..... William Howard Manuel

13. Birthplace..... Harpers Ferry, West Va.

14. Maiden name..... Ruby Catherine Painter

15. Birthplace..... Fury, Virginia

16. Informant..... W. Howard Manuel

Address..... Harpers Ferry, West Va.

17. (Burial, cremation, or removal. Which?)..... Burial Date thereof..... June 25, 1946  
(month) (day) (year)

Cemetery or crematory..... Harpers Cemetery

Location..... Harpers Ferry, West Va.

18. Funeral director..... William D. Strider

Address..... Charles Town, W Va

19. Date rec'd by registrar..... June 20-46 Registrar..... Eugenia M. Barber

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 24 19 46 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 19 46 to June 24 19 46

and that I last saw him..... alive on..... 19.....

Immediate cause of death.....

Pneumonia 5 months

Due to..... Int 1 lobe 63.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... William D. Strider

Address..... Brunswick Md. Date signed..... June 24-46

MARGIN RESERVED FOR BINDING

VS A15 9.45.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 27 1946  
OFFICE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

## CERTIFICATE OF DEATH

05980

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 days  
 Hospital, institution, or street address where death occurred:  
 Frederick City Hospital  
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 Maryland  
 State..... County..... Carroll  
 City or town..... Mt. Airy  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME WILLIE E. MULLINIX

3. (b) Social Security Number  
 220-05-6596

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Lucy G. Mullinix  
 6. (c) If alive, give age 80 years  
 7. Birth date of deceased (mo., day, yr.) Dec. 5, 1866  
 8. AGE: Years 79 Months 6 Days 22 It less than one day  
 .....hrs. ....min.

9. Birthplace Carroll Co. Maryland  
 (Town, county, and state)  
 10. Usual occupation Watchman (Retired)  
 11. Industry or business B. & O. R.R.  
 12. Name John T. Mullinix  
 13. Birthplace Maryland  
 14. Maiden name Laura V. Dillon  
 15. Birthplace Va.

16. Informant Mrs. Lucy G. Mullinix  
 Address Mt. Airy, Md.  
 Burial 6 - 29 - 46  
 (Burial, cremation, or removal, which?) Date thereof (month) (day) (year)  
 Cemetery or crematory Pine Grove  
 Location Mt. Airy, Carroll Co. Md.  
 18. Funeral director C. M. Waltz  
 Address Winfield, Md.

19. 28 June 1946 Elizabeth H. Heck  
 (Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at 8 A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24 1946 to June 27 1946  
 and that I last saw him alive on June 27 1946  
 Immediate cause of death

Other conditions  
 (Include pregnancy within 3 months of death)  
 Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE E. P. Jones  
 Address Frederick Date signed June 27 46  
 M. D. or other

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JUL 2 1946

BUREAU V S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

## CERTIFICATE OF DEATH

05981

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:  
Frederick City Hospital

How long in hospital or institution? Since February 23, 1946

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 44 East Third Street  
(If rural, give LOCATION)

2.(a) If veteran, name war None

### 3. (a) FULL NAME

HARRY E. MUNDEY

### 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Nannie V. Daniels

8. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 3, 1861

8. AGE: Years 85 Months 3 Days 21 If less than one day ..... hrs. .... min.

9. Birthplace Hagerstown-Washington-Maryland  
(Town, county, and state)

10. Usual occupation Retired Postmaster

11. Industry or business

12. Name Dr. John Munday

13. Birthplace Washington County Maryland

14. Maiden name Elizabeth Bragunier

15. Birthplace Washington County Maryland

16. Informant Mrs. Elizabeth M. Latimer

Address 3333 N. Charles St., Baltimore, Md.

17. Burial Date thereof 6/27/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 17 June 1946 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th, 1946 at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from april 1, 1946 to June 24, 1946

and that I last saw him alive on June 24, 1946

Immediate cause of death Cerebral Hemorrhage

Due to Arterio Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Gangrenous leg

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. P. Thomas M. D.

Address Frederick, Maryland Date signed 6-26-46

MARGIN RESERVED FOR BINDING

VS A15 9.45.

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 28 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1216

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital  
How long in hospital or institution? Since June 14, 1946

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 36 Taney Apartments  
(If rural, give LOCATION)  
None  
2. (a) If veteran, name war

### 3. (a) FULL NAME

ROBERT LEE MYERS

### 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Ida Virginia Zimmerman

7. Birth date of deceased (mo., day, yr.) June 5, 1870 6. (c) If alive, give age 73 years

8. AGE: Years 76 Months 0 Days 23 If less than one day  
hrs. min.

9. Birthplace Frederick Junction-Frederick-Md.  
(Town, county, and state)

10. Usual occupation Retired

### 11. Industry or business

12. Name Mahlon Myers  
13. Birthplace Frederick County Maryland

14. Maiden name Martha Leather  
15. Birthplace Frederick County Maryland

16. Informant Mrs. Ida V. Myers  
Address 36 Taney Apts., Frederick, Md.

17. Burial 7/1/46  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery  
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 29-June 1946 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 28th 1946 at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Aug. 25 1945 to June 28 1946  
and that I last saw him alive on June 27 1946

Immediate cause of death Chr Myocarditis DURATION 2 yrs

Due to Chr. Parenchymatous  
Nephritis 30 yrs

Due to  
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE James Baxter M. D.  
Frederick, Maryland M. D. or other  
Address Frederick, Maryland Date signed 6-28-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

RECEIVED  
JUL 1 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

05983

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 28 yearsHospital, institution, or street address where death occurred:  
404 E. Pat. St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 404 East Patrick St  
(If rural, give LOCATION)2. (a) If veteran, name war Spanish American

## 3. (a) FULL NAME

Wm Emory Neil

## 3. (b) Social Security Number

none4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Kettie Mae Neil6. (c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) April 7 18778. AGE: Years 69 Months 2 Days 7 If less than one day  
hrs. min.9. Birthplace Surry Va.  
(Town, county, and state)10. Usual occupation none

## 11. Industry or business

12. Name Unknown13. Birthplace "14. Maiden name Unknown15. Birthplace "16. Informant Mrs. Wm E. NeilAddress Frederick, MD17. Burial Date thereof 6/17/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Olm.Location Frederick, MD18. Funeral director Harry A. Gentry Co.Address Frederick, MD19. 17 June 19 46  
(Date rec'd by registrar) Registrar Elizabeth G. Heck

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 19 46 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 10 19 35 to June 14 19 46  
and that I last saw him alive on May 30 19 46

Immediate cause of death

Arterio Sclerosis

Due to

Chronic Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. J. Sturges M. D. or otherAddress Frederick, MD Date signed 6/17/46



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JUN 19 1946  
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

05984

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: Fredrick  
 County Brown - W.D.  
 City or town Rural B.O. Right of way  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Fredrick  
 City or town Brown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 412 W Tolomae St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

John A Noll

## 3. (b) Social Security Number

705-09-1830

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Margaret Brown  
 6. (c) If alive, give age 54 years  
 7. Birth date of deceased (mo., day, yr.) May 4 1894  
 8. AGE: Years 52 Months 0 Days 27 If less than one day  
 hrs. min.

9. Birthplace Virginia  
 (Town, county, and state)  
 10. Usual occupation R.R. Engineer  
 11. Industry or business B & O R.R. Co.  
 12. Name John F. Noll  
 13. Birthplace Maryland  
 14. Maiden name Mary Gosnell  
 15. Birthplace Maryland

16. Informant Mrs John A Noll  
 Address Brown  
 17. Burial Date thereof June 3, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Woodlawn  
 Location Statenburg  
 18. Funeral director C. H. Fettel & Bros  
 Address Brown

19. 6-3-46 19 46 Eugenia H. Burche  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 19 46 at 5:01 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
19 to 19  
 and that I last saw him alive on June 1 19 46  
 Immediate cause of death Compound fracture of skull  
fracture of brain  
8 wks  
 Due to Immediate  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Accident Date of 6-1-46  
 Where did injury occur Barkley Co. W. Va.  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) B.O. Right of way  
 Means of injury B & O Engine Injured at work? Yes  
 23. SIGNATURE P. W. Baw M. D. or other Ex.  
 Address Fredrick, Md. Date signed 6-1-46

RECEIVED  
JUN 6 1946  
BUREAU V. L.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05985

★ Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Walkersville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County FrederickCity or town Walkersville  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2(a) If veteran, name war. ....

## 3. (a) FULL NAME

David Weldon Musbaum

## 3. (b) Social Security Number

4. Sex m5. Color or race w

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Della J. Bloom6. (c) If alive, give age 54 years7. Birth date of deceased (mo., day, yr.) March 14, 1881

8. AGE: Years Months Days If less than one day

65 2 24 .... hrs. .... min.9. Birthplace Unionville, Fred. Co.  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Ezra M. Musbaum13. Birthplace Frederick Co.14. Maiden name Sarah E. Nicodemus15. Birthplace Frederick Co.16. Informant Mrs. Della MusbaumAddress Walkersville17. Burial Date thereof June 10, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Methodist CemeteryLocation Unionville18. Funeral director G.C. BartonAddress Walkersville19. 10 June 1946 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 19 46, at 12:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him alive on June 7, 1946 19.....

Immediate cause of death.....

DURATION

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JUN 11 1946

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05986

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
115 East Street  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 115 East Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

### 3. (a) FULL NAME

CHARLOTTE BETTINA PALMER

### 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife  
6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 26, 1946

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>2</u>	<u>25</u>	hrs. min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation Infant

### 11. Industry or business

12. Name Edgar Weedon

13. Birthplace Frederick County Maryland

14. Maiden name Eleanor Palmer

15. Birthplace Frederick County Maryland

16. Informant Eleanor Palmer

Address 115 East Street, Frederick, Md.

17. Burial Date thereof 6/22/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 21 June 19 46  
(Date rec'd by registrar) Registrar Elizabeth G. Hede

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 21st 19 46 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 19 46 to June 21 19 46  
and that I last saw him alive on June 20 19 46

Immediate cause of death Branchio-encephalocoele

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

When did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

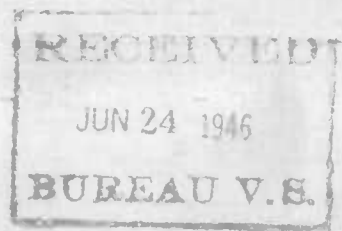
23. SIGNATURE A. Etchison M. D.

Address Frederick, Maryland Date signed 6-21-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

## CERTIFICATE OF DEATH

05987

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Boander, Md  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

John Leroy Rice

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Virginia B. Rice6. (c) If alive, give age 29 years7. Birth date of deceased (mo., day, yr.) Sept 6, 19108. AGE: Years 35 Months 8 Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Myersville, Frederick County, Md.  
(Town, county, and state)10. Usual occupation Truck Operator

## 11. Industry or business

12. Name Jeremiah S. Rice13. Birthplace Myersville, Md14. Maiden name Althea Palmer15. Birthplace Myersville, Md16. Informant Mrs. Virginia B. RiceAddress Myersville, Md17. Burial Date thereof June 27, 1946  
(Burial, cremation, or removal of body) (month) (day) (year)Cemetery or crematory Southern CemeteryLocation Myersville, Md18. Funeral director Leadhill Co.Address Middletown, Md19. June 26, 1946 Elizabeth G. Hech  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Myersville Bo  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2. (a) If veteran, name war No

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946 at 7:50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him on June 24 1946Immediate cause of death DrowningDURATION Immediate

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 6-23-46Where did injury occur? Boander / Potomac River Frederick  
(City or town) (County) (State) Md.Injured at home, farm, industry, public place (where?) Potomac RiverMeans of injury Drowning Injured at work? NoSignature P. W. Ban Deputy Med Ex.Address Frederick, Md Date signed 6-24-46

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JUN 28 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05988

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 weeks  
 Hospital, institution, or street address where death occurred:

Frederick City Hospital  
 How long in hospital or institution? 8 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... md County... Frederick

City or town... Walkersville  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Eli Ricketts

## 3. (b) Social Security Number

1

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

m colored married

6. (b) Name of husband or wife Laura H. Cortley

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1868  
 8. (c) If alive, give age 78 1/2 years

8. AGE: Years Months Days If less than one day  
77 8 18 .....hrs. ....min.

9. Birthplace... Frederick Co.  
 (Town, county, and state)

10. Usual occupation... Laborer

## 11. Industry or business

12. Name... William Ricketts13. Birthplace... Frederick Co.14. Maiden name... Not known

15. Birthplace

16. Informant... Warrington RickettsAddress... Walkersville, md.17. (Burial, cremation, or removal. Which?) Date thereof... June 6, 1946

(month) (day) (year)

Cemetery or crematory... Silver HillLocation... mt. Pleasant Fred. Co., md18. Funeral director... J. C. BartonAddress... Walkersville19. 6-June 19 46 Elizabeth G. Heck

(Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... June 9<sup>30</sup> 19 46 at 12 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 15 19 46 to June 3 19 46and that I last saw him alive on June 3 19 46

Immediate cause of death..... DURATION

Urtemia

Due to.....

Gangrene leg.

Due to.....

Thrombosis

Other conditions.....

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CERTIFICATE OF DEATH

RECEIVED

JUN 7 1946

BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-6)

## CERTIFICATE OF DEATH

05989

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

ROY RICHARD RULEND

## 3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

B. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.)

December 9, 1883

8. AGE:

Years

Months

Days

If less than one day

6262

..... hrs. .... min.

9. Birthplace Frederick, Maryland

(Town, county, and state)

10. Usual occupation General Store Keeper

11. Industry or business

FATHER

12. Name Conrad Rulend13. Birthplace Germany

MOTHER

14. Maiden name Catherine Stewart15. Birthplace Virginia16. Informant Miss Lizzie SmithAddress Braddock Heights, Maryland17. Burial  
(Burial, cremation, or removal. Which?)Date thereof June 11, 1946  
(month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 12 June 19 46  
(Date rec'd by registrar)Elizabeth G. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 19 46, at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 8 19 46 to June 11 19 46  
and that I last saw him alive on June 10 19 46

Immediate cause of death

Acute myocarditis

DURATION

6 days

Due to

Chronic parenchymatous  
nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide, \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. L. Harrison

M. D. or other

Address

Frederick, Md.

Date signed

6/11/46

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
JUN 14 1946  
BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

05990

Reg. Dist. No. 13

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 years

Hospital, institution, or street address where death occurred:

721 Motter Avenue

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 721 Motter Avenue  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3.(a) FULL NAME

EDWARD HEWITT SHARPE

## 3.(b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

MarriedB.(b) Name of husband or wife Alice M. Sharpe6.(c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) May 1, 1877

8. AGE: Years Months Days If less than one day

6917

.....hrs. ....min.

B. Birthplace Leightonstone, Essex, England  
(Town, county, and state)1D. Usual occupation Florist

## 11. Industry or business

12. Name Alfred Sharpe13. Birthplace England14. Maiden name Mary Revell15. Birthplace England16. Informant Alice M. SharpeAddress Frederick, Maryland17. Burial Date thereof June 10, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or cemetery Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 10 June 1946 Elizabeth G. Hecks

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 19 46 at 1:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 19 38 to June 8 19 46and that I last saw him in alive on May 19 46Immediate cause of death Cerebral occlusion

DURATION

F.Y.R.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE W. H. Kline Jr. M.D. M.D. or otherAddress Frederick, Md. Date June 8, 1946



RECEIVED

JUN 11 1946

BUREAU V 8

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05991

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 55 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 223 South Market St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

### 3.(a) FULL NAME

SARAH V. LAMOTTE SHAW

### 3.(b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or Brackenridge Shaw  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) February 19, 1863  
 8. AGE: Years 83 Months 3 Days 22 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Manchester, Carroll County, Md.  
 (Town, county, and state)

10. Usual occupation Retired Housewife

11. Industry or business

FATHER 12. Name John H. LaMotte  
 13. Birthplace New Freedom, Pa.

MOTHER 14. Maiden name Mary V. Stravig  
 15. Birthplace Manchester, Maryland

16. Informant Mr. John L. Shaw  
 Address Frederick County, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof June 13, 1946  
 (month) (day) (year)  
 Cemetery or crematory Manchester Union Cemetery  
 Location Manchester, Maryland

18. Funeral director C. F. Cline & Son  
 Address Frederick, Maryland

19. 12 June 1946 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1946, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2d, 1946 to June 10th, 1946  
 and that I last saw him/her alive on June 9th, 1946

Immediate cause of death Myocarditis-chronic DURATION 10 weeks

Cardiovascular renal disease Unknown

Due to

Due to

Other conditions Malignancy (?) intestinal, primary lesion undetermined.  
 (Include pregnancy within 8 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Conley

C. H. Conley, M.D.  
 Address Frederick, Maryland Date signed 6/12/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED

JUN 14 1946

BUREAU V. S.

05992

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:  
McKaig

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)Street No. McKaig  
(If rural, give LOCATION)2. (a) If veteran, name war.....  
None

## 3. (a) FULL NAME

EZRA RUEBEN Sheetenhelm

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
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6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) May 30, 1881

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>0</u>	<u>23</u>	hrs. min.

9. Birthplace McKaig-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Farmer & Live Stock Dealer

## 11. Industry or business

FATHER	12. Name <u>George W. Sheetenhelm</u>
	13. Birthplace <u>Frederick County Maryland</u>

MOTHER	14. Maiden name <u>Debra Brengle</u>
	15. Birthplace <u>Frederick County Maryland</u>

18. Informant Miss Ann E. Sheetenhelm  
Address R. F. D. #1, Frederick, Md.17. Burial 6/26/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Methodist Cemetery  
Location McKaig-Frederick, Md. R.F.D.#118. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland19. 25 June 19 46 Elizabeth G. Hach  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946 at 4:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1946 to June 23 1946 and that I last saw him alive on June 23 1946

Immediate cause of death.....

Cornary thrombosis

Due to.....

Due to.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Elizabeth G. HachAddress Baltimore M. D. or otherDate signed June 24

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 26 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 946

05993

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred:

16 N. Virginia Ave

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 16 N. Virginia Ave  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mary Elvior Shubridge

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age — years7. Birth date of deceased (mo., day, yr.) Dec. 26 1920

8. AGE: Years Months Days If less than one day

25 5 10 hrs. min.9. Birthplace Maryland  
(Town, county, and state)10. Usual occupation none11. Industry or business none12. Name Lawrence D. Shubridge13. Birthplace West Virginia14. Maiden name Ella Ellsworth Cole15. Birthplace Maryland16. Informant Mr. C. D. ShubridgeAddress Brunswick Md17. Burial Date thereof June 9 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory HarpurLocation Harpur Ferry West Va18. Funeral director C. N. Fetter BrosAddress Brunswick Md.19. June 8 19 46 Kathryn N. Brown  
(Date filed by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 19 46 at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 5 19 46 to June 6 19 46and that I last saw him alive on June 6 19 46

Immediate cause of death

Coronary ThrombosisDURATION 24 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE William Shubridge

M. D. or other

Address Brunswick, Md Date signed June 4 46

RECEIVED  
JUN 11 1946  
BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

05994

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 12 Years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 40 Hamilton Avenue

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

MURRAY McCLAIN SHILDT

## 3. (b) Social Security Number

None

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced—

W

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 10, 1875

6. (c) If alive, give age..... years

## 8. AGE:

Years 71Months 2Days 1

If less than one day

.....hrs. ....min.

## 9. Birthplace

Littlestown, Pa.

(Town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

FATHER

## 12. Name

Samuel D. Shildt

## 13. Birthplace

Littlestown, Pa.

MOTHER

## 14. Maiden name

Sarah Catherine Browner

## 15. Birthplace

Frederick County Maryland

## 16. Informant

Harry D. Shildt

## Address

40 Hamilton Ave., Frederick, Md.

## 17.

Burial

Date thereof

6/13/46

(Burial, cremation, or removal, which?)

(month) (day) (year)

## Cemetery or crematory

Mount Hope Cemetery

## Location

Woodsboro, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

## 19.

12 June19 46Elizabeth S. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th, 1946 at 1 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
January 1st, 1946 to June 11, 1946  
and that I last saw him 1m alive on June 11th, 1946

## Immediate cause of death

Coronary Thrombosis

## DURATION

5 minutes

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

## 23. SIGNATURE

Bernard Thomas M. D.

M. D. or other

Address Frederick, Maryland Date signed 6-12-46

1946

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

JUN 14 1946

RECEIVED

RECEIVED  
JUN 14 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47d

## CERTIFICATE OF DEATH

05995

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Brunswick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? all his life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md County Brunswick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. East 5th  
 (If rural, give LOCATION)  
 2(a) If veteran, name war

## 3. (a) FULL NAME

Stanley Edward Snoots

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Mary Anderson  
 6.(c) If alive, give age 37 years  
 7. Birth date of deceased (mo., day, yr.) July 29 - 1907  
 8. AGE: Years 38 Months 10 Days 27 hrs. min.

9. Birthplace Brunswick Brunswick Md  
 (Town, county, and state)  
 10. Usual occupation  Clerk  
 11. Industry or business Dept Store  
 12. Name Arthur Snoots  
 13. Birthplace Md  
 14. Maiden name Alice Danner  
 15. Birthplace Md

16. Informant Mrs Mary Snoots  
 Address East 5th Brunswick Md  
 17. Burial Burial Date thereof June 27 - 46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Park Heights  
 Location Brunswick Md  
 18. Funeral director ATB 3372 Dean  
 Address Brunswick Md  
 19. June 27 46 Kathryn N. Brown  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946, at 8:15 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1946 to June 24 1946  
 and that I last saw him alive on June 22 1946  
 Immediate cause of death Carcinoma of Lung  
Metastasis  
 Due to  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)  
 Major findings of operations Carcinoma of Lung  
 Date of op. April 1946

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?  
 23. SIGNATURE William Schaeffer  
 Address Brunswick Date signed June 26 46

RECEIVED  
JUL 3 1946  
BUREAU V.E.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 180

## CERTIFICATE OF DEATH

05996

Reg. Dist. No. 136

### 1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural R. F. D. #2

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since April 1946

Hospital, institution, or street address where death occurred:

Near Frederick Junction

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick-Rural R. F. D. #2

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Frederick Junction

(If rural, give LOCATION)

2.(a) If veteran, name war None

### 3.(a) FULL NAME

ERROL GENE SNYDER

### 3.(b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) February 1, 1944

8. AGE: Years 2 Months 4 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Nr. Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Edward V. Snyder

13. Birthplace Moorefield, West Virginia

14. Maiden name Essie Mae Painter

15. Birthplace Charlestown, West Virginia

16. Informant Edward V. Snyder

Address R.F.D.#2, Frederick, Maryland

17. Burial Date thereof 6/5/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Frederick, Maryland

Location

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 5 June 19 46 H. O. Lindrickson

(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 19 46 at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 dead 19 June 3 to 19 June 3

and that I last saw him live on June 3 19 46

Immediate cause of death Asphyxiation

+ cremation

DURATION

15 min.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6-3-46

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) At home

Means of injury Asphyxiation Injured at work?

23. SIGNATURE PW Bond Deputy Medical Examiner

M. D. or other

Address Frederick, Maryland Date signed 6-4-46

MARGIN RESERVED FOR BINDING

VS 45-1

VS 45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

JUN 10 1946

**BUREAU**

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 180

## CERTIFICATE OF DEATH

Reg. Diat. No. 136

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick-Rural R. F. D. #2  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since April 1946  
Hospital, institution, or street address where death occurred:  
Near Frederick Junction  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick-Rural R. F. D. #2  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Near Frederick Junction  
(If rural, give LOCATION)  
None  
2. (a) If veteran, name war

### 3. (a) FULL NAME

LINDA JANE SNYDER

### 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) November 4th, 1942

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>6</u>	<u>29</u>	hrs. min.

9. Birthplace Nr. Frederick-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Edward V. Snyder  
13. Birthplace Moorefield, West Virginia

14. Maiden name Essie Mae Painter  
15. Birthplace Charlestown, West Virginia

16. Informant Edward V. Snyder  
Address R.F.D.#2, Frederick, Maryland

17. Burial 6/5/46  
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
Mount Olivet Cemetery  
Cemetery or crematory  
Frederick, Maryland  
Location

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 5-June 1946  
(Date rec'd by registrar) Registrar E. O. Anderson

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd, 1946 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....  
and that I last saw h. DEAD June 3rd 19 46

Immediate cause of death Asphyxiation

x circulation

#### DURATION

15 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6-3-46

Where did injury occur? Nr. Fred'k Junction-Fred'k Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) At Home

Means of injury Residence Burned Injured at work? No

23. SIGNATURE R. W. Bair Deputy Medical Examiner

M. D. or other

Address Frederick, Maryland Date signed 6-4-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JUN 10 1946

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05998

Reg. Dist. No. 136

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick-Rural R. F. D. #2  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since April 1946  
Hospital, institution, or street address where death occurred:  
Near Frederick Junction  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick-Rural R. F. D. #2  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Near Frederick Junction  
(If rural, give LOCATION)  
None  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Peggy Marie Snyder

### 3. (b) Social Security Number

None

4. Sex F. 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 4, 1942 6. (c) If alive, give age years

8. AGE: Years 4 Months 3 Days 29 (If less than one day, give hrs. min.)

9. Birthplace Nr. Frederick-Frederick- Maryland  
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Edward V. Snyder

13. Birthplace Moorefield, West Virginia

14. Maiden name Essie Mae Painter

15. Birthplace Charlestown, West Virginia

16. Informant Edward V. Snyder

Address R.F.D.#2, Frederick, Maryland

17. Burial Date thereof 6/5/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 5-June 1946 G. O. Anderson  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH June 3rd, 1946, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h er DEAD June 3rd, 1946

Immediate cause of death Asphyxiation

x removal

DURATION 15 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Accident Date of 6-3-46

Where did injury occur? Nr. Fred'k Junction-Fred'k Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) At Home

Means of injury Residence Burned Injured at work? No

Deputy Medical Examiner

23. SIGNATURE R. W. Ball

Frederick, Maryland M. D. or other

Address Date signed 6-4-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 10 1946  
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

## CERTIFICATE OF DEATH

05999

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
1111 East Patrick Street  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1111 East Patrick Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MADELINE CATHERINE STEVENS

## 3. (b) Social Security Number

214-10-5020

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 8.(b) Name of husband or wife.....  
 7. Birth date of deceased (mo., day, yr.) July 12, 1917  
 8. AGE: Years 28 Months 11 Days 7 If less than one day .....hrs. ....min.  
 9. Birthplace New Market, Frederick County, Md.  
 (Town, county, and state)  
 10. Usual occupation Bank Bookkeeper  
 11. Industry or business .....

12. Name Harry Benjamin Stevens  
 13. Birthplace Frederick County, Maryland  
 14. Maiden name Rhoda C. Brubaker  
 15. Birthplace Washington County, Maryland  
 18. Informant Miss Mary Ruth Stevens  
 Address Frederick, Maryland  
 17. Burial Date thereof June 23, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mt. Olivet Cemetery  
 Location Frederick, Maryland  
 18. Funeral director C. E. Gline & Son  
 Address Frederick, Maryland  
 19. 21 June 1946 Elizabeth Y Heck  
 (Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1946 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
June, 4th 1945 to June, 19 1946  
 and that I last saw her alive on June, 19, 1946 19.....

Immediate cause of death Pulmonary Tuberculosis  
 DURATION 3 yrs.

Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE J. M. Baxter M. D. or other  
 Address Frederick, Md. Date signed 6/21/46

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
JUN 24 1946  
BUREAU V.S.

*Mr. Chapin*

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2) X

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 15 years  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution? 13 weeks

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 118 N. Market St  
(If rural, give LOCATION)  
2.(a) If veteran, name war none

### 3. (a) FULL NAME

Anna Bertha Stevens Swadener

### 3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
6.(b) Name of husband or wife Henry C. Swadener  
6.(c) If alive, give age 79 years  
7. Birth date of deceased (mo., day, yr.) Sept 13 1868  
8. AGE: Years 77 Months 8 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace New London, Frederick, Md  
(Town, county, and state)

10. Usual occupation Housewife

### 11. Industry or business

12. Name Flavious J. Stevens

13. Birthplace Mt. Pleasant Md

14. Maiden name Susan C. Barnick

15. Birthplace Walkersville, Md

16. Informant Henry C. Swadener

Address Frederick, Md

17. Burial Date thereof 6/10/46  
(Burial, cremation, or removal - Where?) (month) (day) (year)

Cemetery or crematorium Mt. Olivet

Location Frederick, Md

18. Funeral director Harry E. Carter Co

Address Frederick, Md

19. June 9 19 46  
(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 19 46 at 11:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 19 46 to June 7 19 46

and that I last saw him alive on June 7 19 46

Immediate cause of death Post-operative shock and myocardial failure

Due to Operation - Rupture of colon

Due to 5 weeks on

Due to Carcinoma of sigmoid

Other conditions Intestinal obstruction

Major findings of operations Carcinoma of Sigmoid

Autopsy results Intestinal obstruction

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Frank M. Worthington M. D. or other

Address Frederick - Maryland Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

VS A15 3-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STANDARD TELETYPE UNIT

Handwritten notes and signatures at the top left of the page.

RECEIVED  
JUN 11 1946  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

## CERTIFICATE OF DEATH

06001

Reg. Dist. No. 140

## 1. PLACE OF DEATH:

County FrederickCity or town Le Gore  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Le Gore  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Phyllis June Troxell

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single8. (b) Name of husband or wife Wilson Troxell7. Birth date of deceased (mo., day, yr.) June 27 - 1946 8. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ It less than one day \_\_\_\_\_ hrs. 5 min.9. Birthplace Le Gore Md.  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

## 11. Industry or business

12. Name Wilson Troxell13. Birthplace Le Gore14. Maiden name Elaine Eyles15. Birthplace Le Gore16. Informant Wilson TroxellAddress Le Gore17. Burial Date thereof June 28, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oak HillLocation Le Gore Md.18. Funeral director Powell & HartzlerAddress 2400 S. Woodboro Md.19. June 28 1946 L. C. Powell

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at 9:57 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19\_\_\_\_, to 19\_\_\_\_

and that I last saw him alive on 19\_\_\_\_

Immediate cause of death Unknown

DURATION

5 minDue to Congenital debility. Mother was very weak and ill. Cerebral.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Mrs. Virginia Horne M. W.M. D. or PhysicianAddress Libertytown Date signed June 28, 1946

MARYLAND STATE DEPARTMENT OF HEALTH

OFFICE OF THE COMMISSIONER

CERTIFICATE OF DEATH

RECEIVED  
JUL 5 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH EXPANDING INK. Supply every item of information carefully. The correct age of birth of deceased is shown on

Evidence for change of year of birth of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore (B-2)

# CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

FILM No. 104 JUL - 3 1946

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 38 Years & 7 Months

Hospital, institution, or street address where death occurred:  
Frederick City Hospital

How long in hospital or institution? Since June 15, 1946

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 101 East Church Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3.(a) FULL NAME

BELVA HOLLAND TYSON

## 3.(b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Dr. Robert S. Tyson

6.(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) August 8, 1877-1876

8. AGE: Years 69 Months 10 Days 18 If less than one day hrs. min.

9. Birthplace Exeter, Ontario Canada  
(Town, county, and state)

10. Usual occupation At Home

## 11. Industry or business

12. Name Anthony Holland  
13. Birthplace County of Cork, Ireland

14. Maiden name Jane McCannel  
15. Birthplace County of Cork, Ireland

16. Informant Dr. Robert S. Tyson  
Address 101 E. Church St., Frederick, Md.

17. Burial Burial Date thereof 6/28/46  
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery  
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 97 June 19 46 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 26th, 1946 at 8:35A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15th 19 46 to June 26th 19 46

and that I last saw her alive on June 25th 19 46

Immediate cause of death Uremia

DURATION

Due to Artersclerosis

Due to Nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Fracture of Femur with Pin Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert S. Tyson M. D.

Address Frederick, Maryland Date signed 6-26-46

**RECEIVED**

JUN 28 1946

**BUREAU V.A.**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

## CERTIFICATE OF DEATH

06003

Reg. Dist. No. 144

1. PLACE OF DEATH: **Frederick**  
 County.....  
 City or town..... **Rocky Ridge**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **72 yrs.**  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
**Md** **Frederick**  
 State..... County.....  
**Rocky Ridge**  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... **No**

3.(a) FULL NAME  
**Bertha May Valentine**

3.(b) Social Security Number  
**No**

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widowed**  
 6.(b) Name of husband or wife **Irvin F. Valentine**  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.) **March 16, 1874**  
 8. AGE: Years **72** Months **3** Days **1** If less than one day..... hrs. .... min.

9. Birthplace **Rocky Ridge, Fredk Co. MD**  
 (Town, county, and state)  
**House Wife**

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name **John H. Whitmore**  
 13. Birthplace **Rocky Ridge MD**

MOTHER 14. Maiden name **Alice Springer**  
 15. Birthplace **Rocky Ridge. MD**

16. Informant **Mrs Ethel Mumma**  
 Address **Rocky Ridge. MD**

17. **Burial** Date thereof **June 20, 1946**  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
**Mt. Tabor Cemetery**  
 Cemetery or crematory.....  
**Rocky Ridge. MD**  
 Location.....

18. Funeral director **M. L. Creager & Son.**  
 Address **Thurmont. MD.**

19. **June 20** 19**46** **Blanche S. Eyles**  
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION  
 20. DATE OF DEATH **June 17** 19**46** at **8 P.** M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **June 1** 19**46** to **June 17** 19**46** and that I last saw him alive on **June 17** 19**46**  
 Immediate cause of death **Cerebral hemorrhage -**  
 DURATION **1 week**  
 Due to **arteriosclerosis & hypertension - several years**  
 Due to.....  
 Other conditions **Diabetes mellitus - several years**  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?.....  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE **W. T. Cade MD**  
 M. D. or other  
 Address **Thurmont, Md.** Date signed **6-18-46**

RECEIVED  
JUN 21 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06004

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Point of Rocks  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Point of Rocks  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

JOHN SAMUEL WENNER3. (b) Social Security Number  
None4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced WidowedB. (b) Name of husband or wife Mary Elizabeth Smith7. Birth date of deceased (mo., day, yr.) March 22, 1875 6. (c) If alive, give age ..... years8. AGE: Years 71 Months 2 Days 14 If less than one day ..... hrs. .... min.9. Birthplace Loudoun County Virginia  
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

FATHER 12. Name George W. Wenner13. Birthplace Loudoun County VirginiaMOTHER 14. Maiden name Mary Beamer15. Birthplace Loudoun County Virginia16. Informant Mrs. Margaret W. ElstonAddress Point of Rocks, Maryland17. Burial 6/9/46  
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)Cemetery or crematory St. Pauls CemeteryLocation Point of Rocks, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 8 June 19 46 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 6th 19 46 at 4:15P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 46 to June 6 19 46and that I last saw him alive on June 6 19 46Immediate cause of death Arteriosclerosis of coronaryDURATION ?

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury ..... Injured at work?

23. SIGNATURE William SchuylerAddress Brunswick Date signed June 9-46



RECEIVED

JUN 11 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

## CERTIFICATE OF DEATH

06605

Reg. Dist. No. 144

1. PLACE OF DEATH: **Frederick**  
County.....  
City or town..... **Rural Thurmont**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **50 yrs**  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State..... **Md** County..... **Frederick**  
City or town..... **Rural Thurmont**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war..... **No**

3. (a) FULL NAME  
**Minnie May Margaret Whitmore**

3. (b) Social Security Number  
**No**

4. Sex..... **Female**  
5. Color or race..... **White**  
6. (a) Single, married, or divorced..... **Married**  
6. (b) Name of husband or wife..... **George R. Whitmore.**  
6. (c) If alive, give age..... **69** years  
7. Birth date of deceased (mo., day, yr.)..... **April 15, 1876**  
8. AGE: Years..... **70** Months..... **2** Days..... **I** If less than one day..... hrs. .... min.

9. Birthplace..... **Thurmont. Fredk Co. MD**  
(Town, county, and state)  
10. Usual occupation..... **Housewife**  
11. Industry or business.....

12. Name..... **George F. Miller**  
13. Birthplace..... **Rocky Ridge MD**  
14. Maiden name..... **Ida J. Clem.**  
15. Birthplace..... **Rocky Ridge MD**

16. Informant..... **George R. Miller.**  
Address..... **Thurmont. Md R.F.D**

17. Burial..... **Burial** Date thereof..... **June 18, 1946**  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory..... **Haugh's Cemetery**  
Location..... **Near Ladiesburg. Fredk Co. MD**

18. Funeral director..... **M. L. Creager & Son**  
Address..... **Thurmont. MD.**

19. **June 17, 1946** **Blanche S. Eyles**  
(Date rec'd by registrar) (Registrar)

### MEDICAL CERTIFICATION

26. DATE OF DEATH..... **June 16, 1946** at **4 A;M**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**June 6, 1946** to **June 16, 1946**  
and that I last saw ~~the~~ **her** alive on **June 15, 1946**

Immediate cause of death..... **Cerebral hemorrhage**

Due to..... **Hypertension**  
Due to..... **Arteriosclerosis**

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... **none**  
..... Date of op. ....

Autopsy results..... **none**  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur?..... (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury..... Injured at work?

23. SIGNATURE..... **M. Franklin Borch**  
M. D. or other  
Address..... **Thurmont Md.** Date signed..... **June 17, 1946**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED  
JUN 19 1946  
BUREAU V.B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**  
 County.....  
 City or town **State Sanatorium, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **Since 5/24/46**  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since 5/24/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State **Maryland** County.....  
 City or town **Baltimore**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **1221 E. North Ave.**  
 (If rural, give LOCATION) ✓  
 2.(a) If veteran, name war.....

3.(a) FULL NAME  
**Edward H. Yingling**  
 3.(b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**  
 6.(b) Name of husband or wife **Mary Yingling**  
 6.(c) If alive, give age **63** years  
 7. Birth date of deceased (mo., day, yr.) **January 30, 1884**  
 8. AGE: Years **62** Months **4** Days **21** If less than one day  
 .....hrs. ....min.

9. Birthplace **Germany**  
 (Town, county, and state)  
 10. Usual occupation **Plumber**  
 11. Industry or business

12. Name **?**  
 13. Birthplace **Germany**  
 14. Maiden name **?**  
 15. Birthplace **Germany**

16. Informant **Deceased**  
 Address

17. **Burial** Date thereof **6/24/46**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery **Baltimore City**  
 Location **Baltimore, Maryland**

18. Funeral director **M. L. Creager & Son**  
 Address **Thurmont, Maryland**

19. **6/21** 19 **46**  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **June 20** 19 **46** at **1:45 P.M.**  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**May 24** 19 **46** to **June 20** 19 **46**  
 and that I last saw him alive on **June 20** 19 **46**

Immediate cause of death  
**Pulmonary Tuberculosis**

DURATION  
**7 Mos.**

~~XXXX~~  
**Laryngeal Tuberculosis**

**6 Mos.**

Due to.....  
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur? (City or town) (County) (State)  
 Injury at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE **J. B. Lynn** M. D. ~~XXXX~~  
 Address **State Sanatorium, Md.** Date signed **6/20/46**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED  
JUN 22 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Albert Marion Zimmerman

7. Birth date of deceased (mo., day, yr.)

August 12, 1873

6. (c) If alive, give age

73 years

8. AGE:

Years

73

Months

11

Days

8

If less than one day

hrs.

9. Birthplace

Frederick County, Maryland

(Town, county, and state)

10. Usual occupation

Horsekeeper

11. Industry or business

Newton Whipp

12. Name

Frederick County, Maryland

13. Birthplace

Frederick County, Maryland

14. Maiden name

Dayie Shellman

15. Birthplace

Frederick County, Maryland

18. Informant

Virginia Little

Address

Frederick Hosp., Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Burial

Date thereof

6/23/46

(month) (day) (year)

Cemetery or crematory

Frederick Memorial Park

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date

22 June19. 46

by registrar

Elizabeth B. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Adamsdown

Street No.

None

(If rural, give LOCATION)

2. (a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 2019. 46

at

9:20

A. M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1st, 1945 to June 20, 1946and that I last saw him alive on June 20, 1946

Immediate cause of death

ThrombosisCerebral Vascular AnomalIschemic

Due to

Exhaustion

Due to

Exhaustion

Other conditions

Exhaustion

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Lawrence Johnson M. D.

Frederick, Maryland

Date signed 6-20-46

RECEIVED  
JUN 26 1946  
BUREAU V.S.